

Workers' Compensation Court

vs.

W.C.C. No. :

Attorney Worksheet Settlement for Lump Sum or Structural Type Payments:

- 1. Employee's Name _____ Soc. Sec. # _____
- 2. Date of Injury _____
- 3. Average Weekly Wage \$ _____
- 4. Weekly Compensation Rate \$ _____
- 5. Proposed Settlement \$ _____
- 6. a) Has the employee, now or in the past, ever been a Medicare beneficiary or applied for Medicare benefits? Yes _____ No _____
b) Has the employee ever collected or been qualified to receive age related Social Security benefits? Yes _____ No _____
- 7. Stipulation and Petition for Commutation.
- 8. Original and copy of the Order approving petition.
- 9. Original and copy of Final Decree.
- 10. Legible copies of all Agreements or Decrees.
- 11. Affidavits from employer's attorney or statement from employer regarding settlement.
 - a.) Attach a copy of the letter from the attorney and or insurer advising employer of details of proposed settlement and the right to be heard.
 - b.) Attach a copy of the letter from the attorney and or insurer advising employer of any potential effect of proposed settlement on their workers' compensation premium.
- 12. Copies of all Impartial Medical Examinations.
- 13. Statement of Treating Physician.
 - If the employee is still treating:
Statement must be dated within 30 days of the date of the filing of the petition.
 - If the employee has stopped treating:
A medical report from the physician with whom the employee last treated together with a statement of counsel that to the best of their knowledge these are the last medicals.
- 14. Life Expectancy Tables.
- 15. Affidavit of claimant regarding CMS: Medicare and Social Security if applicable.
- 16. A list of all treating medical providers.
- 17. Any and all outstanding balances owed to treating medical providers set forth on the list.

I certify that I represent a party to the petition and that all responses are accurate and complete.

Petitioner's Attorney

Bar No.

Respondent's Attorney

Bar No.